

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small> | Attorney Docket No. | 0838.1001-009 |
| | First Named Inventor or Application Identifier | Laurie J. Ozelius |
| | Express Mail Label No. | EL564266194US |

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| Title of Invention | Torsin, Torsin-Related Genes and Methods of Detecting Neuronal Disease |
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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231 |
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| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification Total pages 141 <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to microfiche Appendix - Background of the Invention - Summary of the Invention - Brief Description of the Drawings - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 25</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Fig. of the Drawings for Publication <input type="checkbox"/> [1]</p> <p>4. <input type="checkbox"/> Oath or Declaration/POA [Total Pages []]</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> [NOTE Box 5 below]</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein</p> </div> <div style="width: 48%;"> <p>6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p> <p>7. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Computer Readable Copy</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Paper Copy (identical to computer copy) 36 Pages</p> <p style="margin-left: 20px;">c. <input checked="" type="checkbox"/> Statement verifying identity of above copies</p> </div> </div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">ACCOMPANYING APPLICATION PARTS</th> </tr> <tr> <td> 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - <div style="text-align: center;">The General Hospital Corporation Boston, Massachusetts</div> </td> </tr> <tr> <td> 9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> </td> </tr> <tr> <td>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></td> </tr> <tr> <td> 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations </td> </tr> <tr> <td>12. <input type="checkbox"/> Preliminary Amendment</td> </tr> <tr> <td>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></td> </tr> <tr> <td> 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) status still proper and desired </td> </tr> <tr> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></td> </tr> <tr> <td>16. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i></td> </tr> <tr> <td>17. <input type="checkbox"/> Other: _____</td> </tr> </table> | ACCOMPANYING APPLICATION PARTS | 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - <div style="text-align: center;">The General Hospital Corporation Boston, Massachusetts</div> | 9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> | 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> | 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations | 12. <input type="checkbox"/> Preliminary Amendment | 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> | 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) status still proper and desired | 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> | 16. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i> | 17. <input type="checkbox"/> Other: _____ |
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| 17. <input type="checkbox"/> Other: _____ | | | | | | | | | | | | |

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| 18. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: | | | |
| <input type="checkbox"/> Continuation | <input type="checkbox"/> Divisional | <input checked="" type="checkbox"/> Continuation-in-part (CIP) | of prior application No.: 09/461,921 |
| Prior application information: Examiner: Einsmann, J | | Group Art Unit: 1655 | |

| 19. CORRESPONDENCE ADDRESS | | | | | |
|----------------------------|---|-----------|----------------|----------|----------------|
| NAME | Doreen M. Hogle, Esq. | | | | |
| | HAMILTON, BROOK, SMITH & REYNOLDS, P.C. | | | | |
| ADDRESS | Two Militia Drive | | | | |
| CITY | Lexington | STATE | MA | ZIP CODE | 02421-4799 |
| COUNTRY | USA | TELEPHONE | (781) 861-6240 | FAX | (781) 861-9540 |

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|---------------------------------------|-----------------------|-------------|------------------|
| Signature | | Date | January 26, 2001 |
| Submitted by Typed or Printed Name | Doreen M. Hogle, Esq. | Reg. Number | 36,361 |

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| <p>Date: <u>January 26, 2001</u></p> <p>EXPRESS MAIL LABEL NO. <u>EL564266194US</u></p> |
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Laurie J. Ozelius and Xandra O. Breakefield

Title: Torsin, Torsin-Related Genes and Methods of Detecting Neuronal Disease

TRANSMITTAL OF SEQUENCE LISTING IN COMPUTER READABLE FORM
IN COMPLIANCE WITH 37 C.F.R. §§1.821(e) AND (f)

Box Sequence
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is a copy of the "Sequence Listing" in computer readable form as required by 37 C.F.R. §1.821(e). As required by 37 C.F.R. §1.821(f), Applicant's Attorney hereby states that the content of the "Sequence Listing" in paper form and of the computer readable form of the "Sequence Listing" are the same.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Doreen M. Hogle
Doreen M. Hogle, Esq.
Registration No. 36,361
Telephone (781) 861-6240
Facsimile (781) 861-9540

Lexington, Massachusetts 02421-4799

Date: January 26, 2001